## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Ail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (871)-273-2888

as for he ng

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat	form should be used f correspondence including d below or directed off- tions.	or tran ig the ierwise	smitting the ISSU Patent, advance or in Block I, by (a						ould be completed where orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
22879 7590 012692099 HEWLETT PACKARD COMPANY P O BOX 272400, 3404 E. HARMONY ROAD NTELLECTUAL PROPERTY ADMINISTRATION						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Potal Service with sufficient potage for first class mail in an envelope addressed to the Mail Sloy ISSUE FIEE address above, or being facsimile transmitted to the USFTO (731) 273-2885, on the date indicated below				
FORT COLLINS, CO 80527-2400						(Depositor's name)				
						(Signature)				
									(Dute)	
APPLICATION NO.	N NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/698,756 10/31/2003		Alan Sh		Alan Shibata				200206094-1	1819	
TITLE OF INVENTION: METHOD AND APPARATUS FOR FUELING FUEL CELLS										
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	04/29/2009	
EXAMINER		ART UNIT		CLASS-SUBCLASS	is					
WILLS, MONIQUE M		1795		429-034000	<del></del>					
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list										
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys 1 or agents OR, alternatively,						
Address form PTO/SB/122) attached.			ation form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is 3						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Hewlett-Packard Development Company, L.P. Houston, Texas										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔞 Corporation or other private group entity 🚨 Government										
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)										
Issue Fee	A check is enclosed.									
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies				☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number08-2025 (enclose an extra copy of this form).						
				overpayment, to	Depo	sit Account Number	708	-2025 (enclose an	extra copy of this form).	
	s SMALL ENTITY state	ıs. See	37 CFR 1.27.					ITTY status. See 37 CF		
NOTE: The Issue Fee and interest as shown by the	d Publication Fee (if req records of the United Sta	uired) des Pat	will not be accepte gnt and Trademark	d from anyone other t Office.	han ti	he applicant; a regi	stered	attorney or agent; or the	assignee or other party in	
Authorized Signature	MHA	lu	it			Date _ Feb	. 2,	2009		
	Douglas M					Registration N				
This collection of inform an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria Vizzinia 223	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bu (irginia 22313-1450. DX 13-1450.	U.S.C U.S.C USP rden, s NOT	311. The informatic 1. 122 and 37 CFR TO. Time will vary hould be sent to th SEND FEES OR	on is required to obtain 1.14. This collection depending upon the e Chief Information C COMPLETED FORM	n or r is est indiv Office IS TO	etain a benefit by t imated to take 12 ridual case. Any co er, U.S. Patent and D THIS ADDRESS	he pub minute ommen Trader S. SEN	lic which is to file (and s to complete, including ts on the amount of tin nark Office, U.S. Depa D TO: Commissioner fo	by the USPTO to process's gathering, preparing, and the you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450.	

Under the Paper work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.